

## CLAIMS AS FILED - PART I

|   | (Column 1)   | (Column 2)   |
|---|--------------|--------------|
| TOTAL CLAIMS  |              |              |
| FOR   | NUMBER FILED | NUMBER EXTRA |
| TOTAL CHARGEABLE CLAIMS                                   | minus 20 =   | *            |
| INDEPENDENT CLAIMS  | minus 3 =    | *            |
| MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/> |              |              |

\* If the difference in column 1 is less than zero, enter "0" in column 2

## CLAIMS AS AMENDED - PART II

|   | (Column 1) | (Column 2)                       | (Column 3)                         |
|---|------------|----------------------------------|------------------------------------|
| AMENDMENT A   | 5/23/05    | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR |
| Total   | * 21       | Minus                            | ** 21                              |
| Independent   | * 4        | Minus                            | *** 4                              |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |            |                                  |                                    |

|   | (Column 1) | (Column 2)                       | (Column 3)                         |
|---|------------|----------------------------------|------------------------------------|
| AMENDMENT B   | 12/7/05    | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR |
| Total   | * 21       | Minus                            | ** 21                              |
| Independent   | * 6        | Minus                            | *** 4                              |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |            |                                  |                                    |

|   | (Column 1) | (Column 2)                       | (Column 3)                         |
|---|------------|----------------------------------|------------------------------------|
| AMENDMENT C   |            | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR |
| Total   | *          | Minus                            | **                                 |
| Independent   | *          | Minus                            | ***                                |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |            |                                  |                                    |

SMALL ENTITY TYPE ☐

OR

OTHER THAN SMALL ENTITY

| RATE      | FEE |    | RATE      | FEE |
|-----------|-----|----|-----------|-----|
| BASIC FEE |     | OR | BASIC FEE |     |
| X\$ 25=   |     | OR | X\$50=    |     |
| X100=     |     | OR | X200=     |     |
| +180=     |     | OR | +360=     |     |
| TOTAL     |     | OR | TOTAL     |     |

SMALL ENTITY

OR

OTHER THAN SMALL ENTITY

| RATE       | ADDI-TIONAL FEE |    | RATE       | ADDI-TIONAL FEE |
|------------|-----------------|----|------------|-----------------|
| X\$ 25=    |                 | OR | X\$50=     |                 |
| X100=      |                 | OR | X200=      |                 |
| +180=      |                 | OR | +360=      |                 |
| TOTAL      |                 | OR | TOTAL      |                 |
| ADDIT. FEE |                 | OR | ADDIT. FEE |                 |

| RATE       | ADDI-TIONAL FEE |    | RATE       | ADDI-TIONAL FEE |
|------------|-----------------|----|------------|-----------------|
| X\$ 25=    |                 | OR | X\$50=     | ?               |
| X100=      |                 | OR | X200=      | 400             |
| +180=      |                 | OR | +360=      |                 |
| TOTAL      |                 | OR | TOTAL      | 400             |
| ADDIT. FEE |                 | OR | ADDIT. FEE |                 |

| RATE    | ADDI-TIONAL FEE |    | RATE   | ADDI-TIONAL FEE |
|---------|-----------------|----|--------|-----------------|
| X\$ 25= |                 | OR | X\$50= |                 |
| X100=   |                 | OR | X200=  |                 |
| +180=   |                 | OR | +360=  |                 |

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